Town

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT Docket No. (Under 37 CFR 1.97(b) or 1.97(c)) 4004.10-4 In Re Application Of: MIR A. IMRAN, ET AL. Application No. Filing Date Examiner Customer No. Group Art Unit Confirmation No. 10/691,880 OCT. 23, 2003 JASTRZAB, JEFFREY R. 23308 3762 9003 EATMENT AND DIAGNOSIS DEVICE AND METHOD Address to: **Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450 37 CFR 1.97(b) The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114. 37 CFR 1.97(c) 2. The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of: ☐ the statement specified in 37 CFR 1.97(e); OR \Box the fee set forth in 37 CFR 1.17(p).

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In Re Application: MIR A. IMRAN, ET AL.													
		/.v.	PADEMARTIC	Customer No.	Group Art Unit	Confirmation No.							
1	0/691,880	OCT. 23, 2003	JASTRZAB, JEI	FFREY R.	23308	3762	9003						
Title: GASTRIC TREATMENT AND DIAGNOSIS DEVICE AND METHOD													
Payment of Fee (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))													
_) A chook in				ee set forth in 37	CFR 1.17(p))							
 □ A check in the amount of is attached. ☑ The Director is hereby authorized to charge and credit Deposit Account No. 16-1331 as described below. □ Charge the amount of □ Credit any overpayment. ☑ Charge any additional fee required. □ Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. 													
	Certific	ate of Transmission b	y Facsimile*	Ce	rtificate of Mail	ling by First Clas	s Mail						
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	·	Signature		Signature of Person Mailing Correspondence									
	Typed or I	Printed Name of Person Sig	ning Certificate	MELINDA TOMPKINS Typed or Printed Name of Person Mailing Certificate									
*This certificate may only be used if paying by deposit account. Dated: SEPTEMBER 16, 2004 Signature SUSAN M. SCHMITT (REG. NO. 34,427) PETERS, VERNY, JONES & SCHMITT, L.L.P.													
425 SHERMAN AVENUE, SUITE 230													
PALO ALTO, CA 94306													
	(650)324-167 (650) 324-167												
cc:													

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